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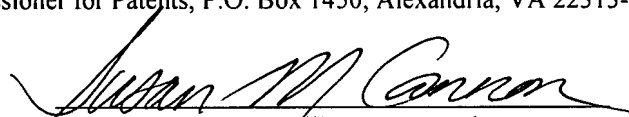


PATENT
ATTORNEY DOCKET NO. 50164/006004

Certificate of Mailing: Date of Deposit: October 12, 2007

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Susan M. Cannon
Printed name of person mailing correspondence


Signature of person mailing correspondence

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Robyn Sackeyfio et al.	Confirmation No.:	7193
Serial No.:	10/716,823	Art Unit:	1616
Filed:	November 19, 2003	Examiner:	George, Konata M.
		Customer No.:	21559
Title:	COMBINATIONS FOR THE TREATMENT OF INFLAMMATORY DISORDERS		

Office of Initial Patent Examination's Filing Receipt Corrections
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PETITION TO CORRECT FILING RECEIPT

Applicant requests that the enclosed filing receipt be corrected as follows.

In the Applicant(s) section, please amend the name "Robyn Sackeyflo" to read –
Robyn Sackeyfio--.

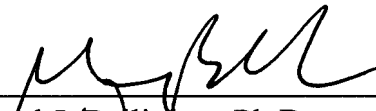
Enclosed is a copy of the incorrect filing receipt with the noted amendment. In addition, a copy of the utility patent application transmittal is enclosed.

If there are any charges or any credits, please apply them to Deposit Account

No. 03-2095.

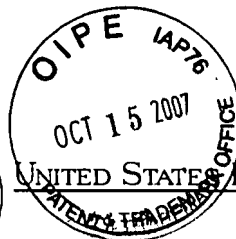
Respectfully submitted,

Date: 10/12/07



Michael J. Belliveau, Ph.D.
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UNITED STATES PATENT AND TRADEMARK OFFICE

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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/716,823	11/19/2003	1616	769	50164/006004		34	9

21559
CLARK & ELBING LLP
101 FEDERAL STREET
BOSTON, MA 02110

MAR 04 2004

CONFIRMATION NO. 7193

FILING RECEIPT



OC000000012000135

Date Mailed: 03/02/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) *Robyn Sackeyfio*
Robyn Sackeyfio, Ann Arbor, MI;
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Grant Zimmermann, Somerville, MA;
Curtis Keith, Boston, MA;
Alexis Boris, Boston, MA;

Domestic Priority data as claimed by applicant

This application is a CON of 10/191,149 07/09/2002
which claims benefit of 60/304,089 07/09/2001

Foreign Applications

If Required, Foreign Filing License Granted: 03/01/2004

Projected Publication Date: 06/10/2004

Non-Publication Request: No

Early Publication Request: No

**** SMALL ENTITY ******Title**

Combinations for the treatment of inflammatory disorders

Preliminary Class

514

**LICENSE FOR FOREIGN FILING UNDER
Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15**

GRANTED

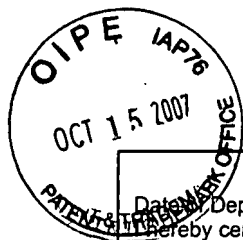
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Date of Deposit: November 19, 2003

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Guy E. Beardsley

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Signature of person mailing correspondence

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)

Attorney Docket Number	50164/006004
Applicant	Robyn Sackeyfio et al.
Title	COMBINATIONS FOR THE TREATMENT OF INFLAMMATORY DISORDERS
PRIORITY INFORMATION:	
This application is a continuation of U.S. Utility Application No. 10/191,149, filed July 9, 2002, which claims the benefit of U.S. Provisional Application Serial No. 60/304,089, filed July 9, 2001, each of which is hereby incorporated by reference.	
SMALL ENTITY STATUS:	
<input checked="" type="checkbox"/> Applicant claims small entity status under 37 C.F.R. § 1.27.	
APPLICATION ELEMENTS:	
Cover sheet	1 pages
Specification	19 pages
Claims	6 pages
Abstract	1 pages
Drawings	0 sheets
Combined Declaration and Power of Attorney, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application 10/191,149 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	5 pages
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 disk
Preliminary Amendment	0 pages
Information Disclosure Statement	0 pages
Form PTO 1449	0 pages
Cited References	0 references
Recordation Form Cover Sheet and Assignment	0 pages



English Translation	0 pages
Certified Copy of Priority Document	0 pages
Non-publication Request under 35 U.S.C. § 122(b).	0 pages
Request for Deferral of Examination under 37 C.F.R. § 1.103(d)	0 pages
A Small Entity Statement	0 pages
Return Receipt Postcard	1

FILING FEES:

Basic Filing Fee: \$770/\$385	\$385.00
Excess Claims Fee: (34-20) x \$18/\$9	\$126.00
Excess Independent Claims Fee: (9-3) x \$86/\$43	\$258.00
Multiple Dependent Claims Fee: \$290/\$145	\$0.00
Total Fees:	\$769.00

- ☒ Enclosed is a check for \$769.00 to cover the total fees.
- ☐ Charge Deposit Account No. 03-2095 to cover the total fees.
- ☐ The filing fee is not being paid at this time.
- ☒ Please apply any other charges or any credits to Deposit Account No. 03-2095.

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11/19/03